

FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 1636081 </div>				

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>100185</u>	4. Contact Name: <u>JANE WASHBURN</u>
2. Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5431</u>
3. Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6431</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-56</u>	

5. API Number <u>05-123-22840-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ARISTOCRAT ANGUS</u>	Well Number: <u>1-6-10</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>10</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>ARISTOCRAT</u> Field Code: <u>2925</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/15/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>6912</u> Bottom: <u>7224</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
NBRR - FRAC W/139,608 GAL FRAC FLUID AND 250,020 # SAND. CDL - FRAC W/122,556 GAL FRAC FLUID AND 248,447 # SAND.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/30/2011</u> Hours: <u>24</u> Bbls oil: <u>27</u> Mcf Gas: <u>334</u> Bbls H2O: <u>17</u>	
Calculated 24 hour rate: Bbls oil: <u>27</u> Mcf Gas: <u>334</u> Bbls H2O: <u>17</u> GOR: <u>12</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>627</u> Tubing PSI: <u>352</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1</u> API Gravity Oil: <u>63</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7188</u> Tbg setting date: <u>03/23/2011</u> Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JANE WASHBURN

Title: ENGINEERING TECH Date: 5/9/2011 Email JANE.WASHBURN@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
1636081	FORM 5A SUBMITTED
1636082	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)